PDSA Cycle Review

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What are we trying to accomplish?

What change can we do that will result in improvement?

How will we know that a change is an improvement?

Model for Improvement

Plan

Act

Study

Do
Sample changes to increase referral to early intervention services

- Choose a standard screen: PEDS and Ages and Stages most common
- Screen all children for developmental delay by having nurse give screen to family when they are put in room
- Make sure Doctor reviews screen and bills 96110 Code.
Steps to improve screening rates

• Nurses place screening instrument at work up station and give to patient when they go in the exam room
• Physician must review and document in the chart that they saw and took action on the base of the screen
• Office billing sheet will be changed to add the 96110 developmental screening code so that front office builds for service and other staff is prompted to do screen.
Use of 96110 (dev. screening) code per week by provider

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The PDSA Cycle

**Act**
- What changes are to be made?
- Next cycle?

**Plan**
- Objective
- Questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems and unexpected observations
Key Points for PDSA Cycles

• Do cycles on smallest scale possible
  – Cut your original plan in half
  – A “trial of one” is often good
  – “Failed” cycles provide learning when small
• Test over a range of conditions before implementing
• Series of tests should build on each other
Key Points for PDSA Cycles

• Consider reasons for failed tests
  – Change not executed well
  – Support processes inadequate
  – Theory / hypothesis wrong
Repeated Use of PDSAs for Implementation

Routine use of developmental screening

Cycle 4: Reimbursement data

Cycle 3: Nurse puts screen on chart

Cycle 2: how many screens after provider ed.

Cycle 1: Test how many screens doing now?

Test of screen utilization

DATA